POSITION	# d** 71 }	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	lic	TC 9.06	03/18/01
RESPONSE FORMALITY REVIEW	m	335	7/20/01
	Zm	927	09 20161

## **INDEX OF CLAIMS**

~	Rejected	N	Non-elected
=	Allowed	- 1	Interference
_	(Through numeral) Canceled	Α	Appeal
÷	Restricted	0	Objected

	÷	Restricted	0	Objected	
Claim	Date	Claim	Date	Claim	Date
Final Original		Final		Final Original	
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If more than 150 claims or 10 actions staple additional sheet here

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